



Business License Application Information

Office of the City Clerk License Division

200 E. Wells St. Room 105, Milwaukee, WI 53202

(414) 286-2238 e-mail address: license@milwaukee.gov www.milwaukee.gov/license

ccl-businfo 11/4/14

General Instructions for Completing Business License Application (ccl-busapp)

Who must fill out this form? All applicants applying for business licenses with the City Clerk License Division must complete this form. Also, see the information sheet for the type of license for which you are applying for additional forms required.

How to complete this form:

Section 1 – Business Contact Information

- Mark with an X the type of business entity.
- Enter legal entity name, if applicable. (Sole proprietors or partnerships, leave blank.)
- Enter trade name or DBA Name & State Sellers Permit #. (The trade name is usually the name you use on the sign outside of your business.)
- Enter your business phone number and email address.
- Enter the address from where you will be conducting the licensed business operations.
- Enter mailing address if different from premises address.

Section 2 – Sole Proprietor/Partner/Agent Information

- Enter last, first and middle name of sole proprietor, partner or agent and date of birth. (All business entities other than sole proprietors or partnerships must have an agent.)
- Enter home address.
- Enter driver's license or state id number.
- Enter home phone, cell phone and email address.
- Enter percent of ownership (if applicable).

Section 3 – Persons with 20% or more ownership interest/ additional partners

- Repeat a-e in Section 2 for each person with 20% or more ownership interest or each additional partner.

Section 4 – Occupancy Permit Status and Signatures

- Check the box for the status of your occupancy permit.
- The sole proprietor, all partners, or two 20% or more shareholders must sign the application. Only if there are no 20% or more shareholders, the agent can sign.

Fees

- Applications must be accompanied by fee payment.
- Make checks payable to the City of Milwaukee. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction.
- Credit cards are also accepted online; cash is accepted from applicants filing in person only.

Proof of Identity/Authorized Representative

- All persons submitting applications, amending information or picking up licenses must provide proof of identity.
- If you wish someone other than those persons listed on the application to be designated to pick up your licenses/permits, you must complete an Authorized Representative Statement which may be obtained at www.milwaukee.gov/licenses.

Occupancy Permit

- Businesses located in the city of Milwaukee, must obtain an Occupancy Permit from the Development Center, Permit Desk, 809 N. Broadway, 1st floor, (414) 286-8211. <http://city.milwaukee.gov/build>. The legal entity name on the permit must be exactly the same as the legal entity applying for the license.

Fingerprinting

- All persons listed on the general Business License Application whose fingerprints are not on file with the Milwaukee Police Department must be fingerprinted.
- Report to the Milwaukee Police Department between 8:00 AM and 6:00 PM (Monday thru Friday, excluding holidays) to the Police Administration Building, 951 N. James Lovell Street (7th St), Room 305.
- If you have previously been fingerprinted by the Milwaukee Police Department, call (414) 935-7281 to determine whether your fingerprints are still on file.
- If you are an out of town resident, call (414) 935-7281 to receive information regarding how to comply.
- Not required for Cigarette or Loading Zone Applications.

Wisconsin Seller's Permit

- All applicants must provide proof that they hold a WI Seller's Permit. This is obtained from the WI Department of Revenue, 819 N. 6th St, Room 408, (414) 227-4000, www.dor.state.wi.us/. The legal entity name on the permit must be exactly the same as the legal entity applying for the license.

Dept of Financial Institutions (DFI) Registration

- Corporation or limited liability company applicants must be registered with the Department of Financial Institutions. Contact the Division of Corporate & Consumer Services at (608) 261-7577, <http://www.wdfi.org/>. The legal entity name registered with the DFI must be exactly the same as the legal entity applying for the license.

Granting/Issuance of Licenses

- Most licenses are granted by the Common Council after recommendation of the License Committee. To accommodate this schedule, please allow 6-8 weeks for processing. There are no meetings in August.

Applications

- If an application is still pending requirements met over a year from the date of application, the filing of a new application will be required if/when an applicant wishes to continue pursuing the license.

Posting of License

- All licensees shall immediately post their licenses in a conspicuous place on the licensed premises. The license shall remain posted during the license period.

Report Changes

- Whenever a fact set forth in the application changes, the licensee shall file a written notice of the change with the License Division within 10 days of the change.
- If an application is withdrawn or denied, you are eligible for a partial refund of the license fee, provided the refund is requested no later than one year from the date of withdrawal or denial of the application.
- If a license is not issued, the refund must be requested no later than one year from the date of application, unless the license has been granted, in which case no later than one year from the date of granting of the license.

What's New? New information can be viewed at www.milwaukee.gov/license.

Ordinances Regarding Public Utilities

Licensees must be in compliance with the provisions of MCO 85-31 and 115-39 regarding the accessibility and operation of public utilities on licensed premises. This includes a message visible to the public stating that 911 may be called in an emergency without charge.



BUSINESS LICENSE APPLICATION

SEE INFORMATION SHEET FOR THE TYPE OF
LICENSE FOR WHICH YOU ARE APPLYING
FOR ADDITIONAL FORMS REQUIRED

Office of the City Clerk License Division
200 E. Wells St. Room 105, Milwaukee, WI 53202

(414) 286-2238 www.milwaukee.gov/license e-mail: license@milwaukee.gov

ccl-busapp 10/27/14

BUSINESS CONTACT INFORMATION

Section 1

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other:
Legal Entity Name:			Seller's Permit#:	
Trade/DBA Name:				
Phone:			E-mail:	
Premises Address (include city, state, zip code):				
Mailing Address: <input type="checkbox"/> Same as premises address <input type="checkbox"/> Same as home address in Section 2 <input type="checkbox"/> Other (include city, state, zip code):				

AGENT / SOLE PROPRIETOR / 1ST PARTNER INFORMATION

Section 2

FULL LEGAL NAME (Last, First & Middle Initial):			Date of Birth:	
Home Address (include city, state, and zip code):				
Driver's License Number/State ID #: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>			State: _____	
Home Phone:		Cell Phone:		Cell Phone Provider: <input type="checkbox"/> Verizon <input type="checkbox"/> AT&T <input type="checkbox"/> T-Mobile <input type="checkbox"/> US Cellular <input type="checkbox"/> Cricket <input type="checkbox"/> Virgin <input type="checkbox"/> Other
Percent % of Ownership Interest:			Email:	

LIST ALL PERSONS WITH 20% OR MORE OWNERSHIP INTEREST / ADDITIONAL PARTNER(S)

Section 3

FULL LEGAL NAME (Last, First & Middle Initial):			Date of Birth:	
Home Address (include city, state, and zip code):				
Driver's License Number/State ID #: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>			State: _____	
Home Phone:		Cell Phone:		Cell Phone Provider:
Percent % of Ownership Interest:			Email:	
FULL LEGAL NAME (Last, First & Middle Initial):			Date of Birth:	
Home Address (include city, state, and zip code):				
Driver's License Number/State ID #: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>			State: _____	
Home Phone:		Cell Phone:		Cell Phone Provider:
Percent % of Ownership Interest:			Email:	
<input type="checkbox"/> Check if there are additional partners or persons with 20% or more ownership interest. Complete additional sheets as necessary.				

OCCUPANCY PERMIT STATUS AND SIGNATURE(S)

CHECK ONE: An occupancy permit ☐ has been obtained ☐ has been applied for ☐ will be obtained before operating
☐ is not needed (will obtain home occupation statement) ☐ is not needed-reason: _____

I/we understand that I am/we are required to inform the City Clerk within 10 days of any substantial changes in any of the information supplied in this application. I/we have knowledge of the City Ordinances currently regulating the license applied for herein, and understand that the license may be subject to suspension, non-renewal or revocation, if I/we violate any rule or regulation relating to this license.

I/we understand that I/we shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

The undersigned understands that the filing of an application does not entitle applicants to permits, and that granting of permits is in the sole discretion of the Common Council.

I/we state that this application for a license is not made for and behalf of any other person and that the applicant is not acting as an agent for, or in the employ of another. I/we certify that I am/we are the applicant and all statements are true and correct.

Sole Proprietor, Partner, 20% or more Shareholder, or the Agent - only if there are no 20% or more shareholders	Signature of additional partner or 20% or more shareholder
--	--

Office Use Only: Initials: _____ Filed: _____ Applications: _____
☐ NL or ☐ NA: Last License ☐ New or ☐ Renewal Granted with ☐ No Issues or ☐ _____ Exp Date _____
Paid: _____ MPD _____ Granted _____ License # _____ ☐ Note Other Lics